TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	04-013	OHIO	
STATE PLAN MATERIAL			
	3. PROGRAM IDENTIFICATION: TIT	LEXIX OF THE	
FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES	SOCIAL SECURITY ACT (MEDICAID)		
	Program of All-Inclusive Care for the Elderly (PACE)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	December 1, 2004		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	December 1, 2004		
5. TYPE OF PLAN MATERIAL (Check One):			
J. T. T. D. T. E. H. M. T. E. M. D. C. Colo.			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	umenument)	
Section 1935 of the Social Security Act/ 42CFR460	a. FFY \$51,142		
Section 1935 of the obelat security field 4201 R400	3	82,265	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS		
Page 1 of Supplement 4 to Attachment 3.1-A	OR ATTACHMENT (If Applicable):		
rage 1 of supplement 4 to 7 than minute 3.1 71	Page 1 of Supplement 4 to Attachment 3.1-A		
	rage i or supplement vio rataenment		
10 CUDICOT OF AMENDMENT			
10. SUBJECT OF AMENDMENT:	d Family Camina to the Ohio Danatasan	f. A i	
Change of State Administering Agency from Ohio Department of Job and	d ranning Services to the Onto Department	tor Aging.	
11. GOVERNOR'S REVIEW (Check One):	<u> </u>		
☐GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: Governor has		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	delegated this function to the Director of the		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Department of Job ar	nd Family Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
15 21 L			
13. TYPED NAME: Barbara Riley	Mel Borkan, Assistant Deputy Director		
10.11.22.11.21.3.2.2.2.2.2.3.	Office of Ohio Health Plans		
14. TITLE: Director, Ohio Department of Job and Family Services	Ohio Department of Job and Family Se	rvices	
	30 E. Broad St., 31st Floor		
15. DATE SUBMITTED: December 30, 2004	Columbus, OH 43215-3414		
FOR REGIONAL OF	FICE USE ONLY	A. Y. J. A.	
17. DATE RECEIVED:	18 DATE APPROVED:		
12/28/04	3/17/05		
PLAN APPROVED – ON	E COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL;	20. SIGNATURE OF REGIONAL OF	ECIAL:	
December 1 12004	Jung Old	tuis	
21. TYPED NAME:	22. TITLE:Associate Regional	Administrator	
Cheryl A. Harris	Division of Medicaid and Ch	ildren's Health	
23. REMARKS:	Indiana va savadona with Vi	- And the state of	

RECEI

DEC 2 3 7 1 1

DMCH - IL/III

State of Ohio PACE State Plan Amendment Pre-Print

Supersedes TN No. <u>02-011</u>

	and address of State Administering Agency, if different from the State Medicaid Agency. Ohio Department of Aging, 50 W. Broad Street, 8th Floor, Columbus, Ohio 43215
I.	Eligibility
	The State determines eligibility for PACE enrollees under rules applying to community groups.
	A. X The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902 (a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are: 42 CFR 435.121 Aged, Blind, Disabled
	(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the States's Medicaid plan.)
	B The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II-Compliance and State Monitoring of the PACE Program.)
	C. X The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State's approved HCBS waiver(s).
Regula	r Post Eligibility
	1. SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income
TN No	o. 04-013 Approval Date Effective Date